

DEPARTMENT OF INSURANCE

December 10, 2015
Bulletin 223
Public Official Bonds

This bulletin is directed to all writers of bonds used to fulfill the requirements of [IC 5-4-1](#) and all public officials, employees, and contractors required to file such bonds. It has become apparent to the Department that the public interest will be best served by the designation of a single form of bond under [IC 5-4-1-18\(i\)](#) (version effective January 1, 2016).

The Department has consulted with the State Board of Accounts and the Indiana Archives and Records Administration and now prescribes the three bond forms attached to this bulletin. A company wishing to use a prescribed bond must file it with the Department pursuant to [IC 27-1-22-4](#). These bonds are subject to a file-and-use requirement, which means they may be used in the market as soon as they are filed. Beginning January 1, 2016, the bond filed with the county recorder and local fiscal officer on behalf of a public official, employee, or contractor required to file such a bond under [IC 5-4-1](#) must be on the prescribed form.

At this time, the Department is not prescribing a single form to be used for a crime insurance policy used to comply with [IC 5-4-1](#). Until further notice, any crime insurance policy marked "filed" by the Department may be considered prescribed pursuant to [IC 5-4-1-18\(i\)](#).

INDIANA DEPARTMENT OF INSURANCE

Stephen W. Robertson
Insurance Commissioner

Attachments



PUBLIC OFFICIAL BOND
State Form 55947 (11-15)
Approved by State Board of Accounts, 2015
INDIANA DEPARTMENT OF INSURANCE

Bond number _____

_____, as Principal, and
_____, as Surety, as well as all heirs, executors, and administrators of the
Principal and Surety, are bound, jointly and severally, to the **State of Indiana**, in the amount of \$ _____,
if subparagraph (b) is violated. In all other respects, the following conditions apply to this Public Official Bond.

- a) The Principal is duly elected, commissioned, appointed, or employed as _____ for _____ in the State of Indiana.
- b) The Principal shall faithfully perform and fulfill his or her duties of the position named in subparagraph (a); including compliance with [IC 5-11](#) and paying over on demand to the persons entitled or authorized to receive the same, all moneys that may come into his or her hands during the term of this Public Official Bond.
- c) The term of this Public Official Bond is for a one (1) year term beginning on the _____ day of _____, 2_____ and ending on the _____ day of _____, 2_____.
- d) This Public Official Bond cannot be continued, extended, or renewed as provided by [IC 5-4-1-18\(m\)](#).
- e) This Public Official Bond complies with [IC 5-4-1-18](#), and any conflict between this bond and the Indiana Code shall be resolved in favor of the statutory provisions.

f) The Legislature may change, modify, or repeal any relevant law now in force and exact any and all laws during the existence of this Public Official Bond, but this Public Official Bond will remain in full force and effect, except for that which was directly altered by the change in law.

(Seal)

_____ By _____

Attorney in Fact

Accepted and approved this _____ day of _____, 2_____

State of Indiana, _____ **County, ss:**

Personally appeared before me, _____ in and for said County and State aforesaid, _____ who being sworn, upon his or her oath says: "I will support the Constitution of the United States and of the State of Indiana, and I will faithfully, honestly, and impartially fulfill the duties of the office of _____ to the best of my skill and ability."

Subscribed and sworn to before me, this _____ day of _____,

IN WITNESS WHEREOF, I have hereunto set my hand affixed the seal of said _____ at _____ this day and year above written.

I, _____ of the _____ do certify the above to be a true and correct copy of the official oath of _____ in and for said County as the same is endorsed on his or her commission.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said _____, at _____, this _____ day of _____, A.D. _____

ACKNOWLEDGMENT OF PRINCIPAL

State of Indiana, _____ **County, ss:**

Personally appeared before me, _____

Principal upon the bond appearing on the reverse side hereof and acknowledges the execution of said bond

This _____ day of _____, _____

Notary Public

Expiration date of commission, (if Notary Public)(month, day, year)

ACKNOWLEDGMENT OF SURETY

State of Indiana, _____ County, ss:

Comes now _____ by _____ its agent, surety upon the bond appearing on the reverse side hereof and acknowledges the execution of said bond this _____ day of _____ and confirms compliance with [IC 5-4-1-18\(i\)](#)

Notary Public

Expiration date of commission, (if Notary Public)(month, day, year)



PUBLIC OFFICIAL NAME SCHEDULE BOND

State Form 55946 (11-15)

Approved by State Board of Accounts, 2015

INDIANA DEPARTMENT OF INSURANCE

Bond number _____

_____, as Principal, and _____, as Surety, as well as all heirs, executors, and administrators of the Principal and Surety, are bound, jointly and severally, to the **State of Indiana**, in the amount shown in the attached schedule if subparagraph (a) is violated. In all other respects, the following conditions apply to this Public Official Bond.

a) Any Public Official or Employee who is named in the schedule attached, shall faithfully perform and fulfill his or her duties, including compliance with [IC 5-11](#) and paying over on demand to the persons entitled or authorized to receive the same, all moneys that may come into his or her hands during the term of this Public Official Bond.

b) The term of this Public Official Bond is for a one (1) year term beginning on the _____ day of _____, 2_____ and ending on the _____ day of _____, 2_____.

c) This Public Official Bond cannot be continued, extended, or renewed as provided by [IC 5-4-1-18\(m\)](#).

d) This Public Official Bond complies with [IC 5-4-1-18](#), and any conflict between this bond and the Indiana Code shall be resolved in favor of the statutory provisions.

e) The Legislature may change, modify, or repeal any relevant law now in force and exact any and all laws during the existence of this Public Official Bond, but this Public Official Bond will remain in full force and effect, except for that which was directly altered by the change in law.

f) Automatic coverage is granted for the first thirty days of service of any Public Official or Employee succeeding one listed in the schedule. Provided, however, that the automatic coverage granted shall be void and of no effect unless during the said thirty day period a written request has been made to add the Public

Official or Employee to the schedule and the Surety by written acceptance has consented thereto.

Dated this _____ day of _____, 2_____

By _____
Attorney in Fact

Bond number _____

Schedule of Public Officials and Employees effective (*month, day, year*) _____

Schedule Number	Name of Public Official or Employee	Name of Position	Amount of Bond
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
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21.			
22.			
23.			

**PUBLIC OFFICIAL POSITION SCHEDULE BOND**

State Form 55948 (11-15)

Approved by State Board of Accounts, 2015

INDIANA DEPARTMENT OF INSURANCE

Bond number _____

_____, as Principal, and
_____, as Surety, as well as all heirs, executors, and administrators of the
Principal and Surety, are bound, jointly and severally, to the **State of Indiana**, in the amount shown in the
attached schedule if subparagraph (a) is violated. In all other respects, the following conditions apply to this Public
Official Bond.

a) Any Public Official or Employee while occupying a position named in the schedule attached, shall faithfully

perform and fulfill his or her duties, including compliance with [IC 5-11](#) and paying over on demand to the persons entitled or authorized to receive the same, all moneys that may come into his or her hands during the term of this Public Official Bond.

b) The term of this Public Official Bond is for a one (1) year term beginning on the _____ day of _____, 2_____ and ending on the _____ day of _____, 2_____.

c) This Public Official Bond cannot be continued, extended, or renewed as provided by [IC 5-4-1-18\(m\)](#).

d) This Public Official Bond complies with [IC 5-4-1-18](#), and any conflict between this bond and the Indiana Code shall be resolved in favor of the statutory provisions.

e) The Legislature may change, modify, or repeal any relevant law now in force and exact any and all laws during the existence of this Public Official Bond, but this Public Official Bond will remain in full force and effect, except for that which was directly altered by the change in law.

Dated this _____ day of _____, 2_____

By _____
Attorney in Fact

Bond number _____

Schedule of Position - effective (*month, day, year*) _____

Schedule Number	Name of Position	Number of Public Officials or Employees	Amount of Bond
1.			
2.			
3.			
4.			
5.			
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22.			
23.			

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